

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** DECEMBER 9, 2015

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed outpatient Lumbar Laminectomy with decompression at right L4-5

## **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

## **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
M43.16 M5416	6347		Prosp	1			XX/XX/XX	XXXXXXXXXX	Upheld
M43.16 M5416	63048		Prosp	1			XX/XX/XX	XXXXXXXXXX	Upheld
M43.16 M5416	69990		Prosp	1			XX/XX/XX	XXXXXXXXXX	Upheld

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

Subjectively, this patient, on note of xxxxx, at xxxx status post anterior lumbar fusion, has "some right anterior thigh pain. This radiates from approximately mid thigh down to the knee. It occasionally radiates into the medial aspect of the right leg."

Objectively, based on a physical exam performed on that same day, he has a "positive straight leg raise," though there is no comment made on at exactly what angle the pain commenced, or the location of pain reproduced by the straight leg maneuver. Additionally noted was 4/5 strength of the quadriceps (knee extension). He demonstrated no weakness of the L5 innervated muscles, i.e. the great toe extensors.

His CT scan of the lumbar spine dated 9/17/2015 shows a 5mm in AP dimension broad based disc herniation with “moderate central spinal stenosis and impression on both L5 nerve roots in the lateral recess.”

To put this into context: Subjectively: Pain in the anterior thigh, no further distal than the knee, is compatible with L3 or possibly L4 nerve root involvement. The occasional pain in the medial aspect of the right leg is also compatible with L4 nerve root involvement. Objectively: Symptomatic L5 nerve root compression should result in weakness of the ipsilateral foot and toe extensor muscles, not the quadriceps.

While the CT scan shows impression of a disc on both left and right L5 nerve roots, neither the history nor the physical exam suggests the L5 nerve root can be implicated as the source of his pain.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC’S POLICIES/GUIDELINES OR THE NETWORK’S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The assumption, to the point of recommending decompressive lumbar surgery, is, that the patient’s symptoms are coming from the disc impression on L5 (which appears to be equally impinged upon both right and left, with the left being asymptomatic) is not established by any criteria. Prior to considering any disc specific surgery, more investigation is warranted. This should include a myelogram/CT as well as a neurological evaluation including EMG/NCV. Therefore, medical necessity was not established.

**References:** Medical experience; virtually any anatomical text clarifying dermatomes and myotomes affected by various levels of lumbar nerve root involvement.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES